

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011846

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 71

FILED APR 10 1962

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Livingston</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chillicothe</u> | | c. CITY OR TOWN <u>Chillicothe</u> | |
| Length of stay in 1b <u>11 Years</u> | | Inside Limits <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Leeper Hotel</u> | | d. STREET ADDRESS (If outside, give location) <u>Leeper Hotel</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Jacob</u> Last <u>Prëssler</u> | | 4. DATE OF DEATH Month <u>March</u> Day <u>27</u> Year <u>1962</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>3/13/1881</u> |
| 9. AGE (last birthday) <u>81</u> | | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Boxer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Entertainment</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Platte County, Ill</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Michael Pressler</u> | | 13b. MOTHER'S MAIDEN NAME <u>Catherine</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Catherine Pressler</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u>-</u> | | 17. INFORMANT <u>Rev. David Dill, Chillicothe, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) <u>Arterial Sclerotic Heart Disease</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u> <u>sudden</u> <u>several years</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>1:00</u> a.m. <u>0</u> p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION <u>Chillicothe, Missouri</u> | |
| 21. I attended the deceased from <u>never</u> , to <u>her</u> and last saw him alive on <u>1:00</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE <u>J.B. Webber Do. Coroner</u> | |
| 22b. ADDRESS <u>901 Jackson Chillicothe, Mo</u> | | 22c. DATE SIGNED <u>3-30-62</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>3/30/1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Edgewood Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Chillicothe, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Norman Funeral Home, Chillicothe, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>Mar. 27, 1962</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Anna Lee Taylor</u> | | | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

APR 11 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John P. Rodgers

Licensed Embalmer No. 4963

P. O. Address Chillicothe, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.